SB 8-75-S7

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300 20 July 2006

Effective until rescinded or superseded

REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS

You can improve this publication. If you find any mistakes, or you know a way to improve it, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the U. S. Army Medical Materiel Agency, ATTN: MCMR-MMO-P, Fort Detrick, MD 21702-5001. If you prefer using email, please address it to **usammacrm@amedd.army.mil**.

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NOTICE

This Supply Bulletin is Devoted Entirely to
Strategic Capabilities Provided to the Warfighter

FOREWORD

This issue of the Supply Bulletin (SB 8-75-S7) is dedicated entirely to the Force Projection Directorate (MMO-P) within the U.S. Army Medical Materiel Agency (USAMMA), Fort Detrick, Maryland. This edition focuses on the mission and functions of the Directorate and its capability to support the "Warfighter" during a full range of contingency operations. While all of USAMMA's Directorates, Divisions, Branches, and Offices provide support to customers during contingency operations, the MMO-P is the office that manages the medical portion of the Army Prepositioned Stocks (APS) Program (also known as War Reserves) for the Department of the Army (DA) Deputy Chief of Staff for Logistics' (DCSLOG). In addition, MMO-P manages The Surgeon General's (TSG's) Centralized Contingency Programs such as Medical Chemical Defense Materiel (MCDM), Medical Potency and Dated Materiel (P&D), and Reserve Component Hospital Decrement (RCHD) programs. MMO-P is also responsible for the USAMMA Emergency Operations Center (EOC) activated during contingency operations.

The MMO-P mission is to provide quality strategic planning, execution and management of Class VIII (medical) materiel during a full spectrum of operations as approved by Headquarters, Department of the Army (HQDA). This medical logistics mission ensures the proper medical materiel will be available in the proper quantities at the proper place and at the proper time to support Army initial and follow-on requirements. Full participation in the Army and the Department of Defense planning, requirements determination, materiel management, and transportation processes will accomplish our mission.

This issue of SB 8-75-S7 describes each major program the MMO-P manages as well as illustrates how those programs support contingency operations, show how customers can determine what assets are available, and explain the hand-off process for centrally managed assets to gaining units.

Gone are the days when the USAMMA dropped all mobilization requisitions on the wholesale system. Reduced resources have resulted in the development of multiple acquisition strategies that target a particular portion of our total requirement. While there are peacetime economic efficiencies in this approach, it puts significant stress on the deployment process when all of these seemingly fragmented programs have to come together to form a single cohesive effect. The need to understand all of these individual strategies, as well as how they come together for deployments is essential to understanding medical contingency logistics.

The medical commodity is on the cutting edge of these strategies. Only now are other commodities looking at implementing some of the strategies we have pioneered. As a pioneer, we have had success and failures during development and implementation of these strategies. We are always learning and we look to you, our customers, for input on additional ways we can support you during contingency operations. In that light, key MMO-P personnel have traveled to various Combatant Command (COCOM) locations, marketing our strategic capabilities and soliciting ways MMO-P can improve or realign existing programs and if necessary, develop new programs to better support the warfighter.

Requests for clarification or updates can be made to the designated points of contact for each program as listed in this SB. Feel free to call the designated offices related to the contingency programs identified herein when you require clarification or updates. Please feel free to contact our office with recommended changes to this SB. We want this SB to cover the topics important to the warfighter and to be a useful document in developing contingency plans and briefings. This document is intended to be useful to the warfighter, so comments and recommendations are encouraged and can be directed to:

Commander
U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-P, Suite 100
1423 Sultan DR
Fort Detrick MD 21702-5001
Email: usammaeoc@amedd.army.mil
Telephone DSN 343-4408 / 4428 or 301-619-4408 / 4428
Telefax DSN 343-4404 or 301-619-4404

A glossary is provided after the last chapter for the numerous acronyms referenced in this issue.

CHAPTER 1. CLASS VIII CONTINGENCY MATERIEL PROGRAMS

1-1. INTRODUCTION

a. The USAMMA provides SC VIII medical logistics for several Army and OTSG readiness programs. These programs include the acquisition, storage, distribution and transfer of prepositioned stocks located ashore and afloat, as well as medical chemical defense packages and short shelf life pharmaceuticals and other materiel. As part of the Force Projection strategy, these programs contribute to the Army's ability to rapidly deploy decisive power worldwide.

b. Both the Army and the subordinate OTSG have established have established specific programs to support contingency operations. The programs are designed to work together to meet the needs of deploying units. The outline below shows these two umbrella programs and their component programs.

(1) Army Prepositioned Stock (APS):
- Brigade/Unit Sets
- Operational Projects
- War Reserve Sustainment

(2) The Surgeon General's Contingency Stock:
- Medical Chemical, Biological, Radiological and Nuclear Defense Materiel (MCDM)
- Centrally Managed Medical Potency and Dated Materiel Program [Unit Deployment Packages (UDPs)]
- Reserve Component Hospital Decrement (RCHD)

b. The major difference between these two programs is release authority. Primarily, HQDA (DCSLOG/DSCOPS) owns the APS materiel and controls its release. The HQDA tasked AMC to manage the non-SC VIII portion of APS and tasked USAMMA to manage the SC VIII portion of APS. The OTSG is the release authority for its Contingency Programs and have tasked USAMMA with the logistical management of the materiel.

c. Other activities manage centralized programs that support deploying units. For example, the U.S. Army Medical Command (USAMEDCOM) ensures deploying troops receive required vaccines through the local medical treatment facilities. Moreover, the USAMMA mission supports the full spectrum of medical logistics support. For greater understanding of USAMMA's role in providing acquisition and lifecycle logistics for medical materiel, see SB 8-75-S1.

1-2. ADDITIONAL INFORMATION

a. For additional information pertaining to the Centralized Contingency Programs at USAMMA, contact:

USAMMA
MCMR-MMO-PM
1423 Sultan Dr., Suite 100
Fort Detrick, MD 21702-5001

Division Chief	DSN 343-4412
APS/UDP Manager	DSN 343-4518 or 4461
MCDM Manager	DSN 343-4306
RCHD Manager	DSN 343-7453

Commercial Telephone prefix is 301-619-xxxx

b. For initial questions contact:

USAMMA EOC at usammaeoc@amedd.army.mil or
visit the USAMMA website at www.usamma.army.mil.

CHAPTER 2. WAR RESERVE REQUIREMENTS

2-1. REQUIREMENTS DETERMINATION

All contingency materiel programs are designed to support future operations. Perhaps the most interesting and controversial part of these programs is the development of requirements. It is a complex and dynamic process. As an example, the following discussion describes how requirements are developed in four of the contingency programs.

a. Brigade/Unit Sets. HQDA, Deputy Chief of Staff for Operations (DCSOPS) has determined the need to preposition APS Brigade Sets and Unit Sets (Hospitals/ Minimal Care Detachments) worth of materiel at strategic locations. This will enable units to deploy from home station with minimal equipment. Brigade/Unit Sets are documented as unmanned Table of Organization and Equipment (TO&E) units. They have a Unit Identification Code (UIC) and AMC does the Unit Status Report (USR) on these sets since the majority of the materiel within the Brigade is under AMC management. The USAMMA provides the SC VIII feeder data and Commander's comments to Army Field Support Command (AFSC), APS Army War Reserve Documentation System (AWRDS) and AMC. The FPD programs the medical requirements for Brigade Sets and Unit Sets after receiving information from HQDA regarding type of units, location of units and quantity of units. Since these are separate units, the MTO&E could be modified to specific missions but currently they are modeled after active Units.

b. Operational Projects (OP). Operational projects are authorization documents that provide the MACOM a way to identify additional materiel authorized for a specific mission. *AR 710-1, Centralized Inventory Management of the Army Supply System*, Chapter 6, goes into detail of how OPs are established, how the use of OP supports contingency operations, etc. Combatant Command (COCOM) identifies the medical materiel requirements for an OP, creates a list of items (DA Form 4145, *Operational Project List of Items*) and provides classified justification through Command channels to AMC for staffing with HQDA. After HQDA DCSLOG/DCSOPS gives approval, the APS managers at AMC and the USAMMA, program and fund for acquisition or cross-level existing assets against this new requirement.

c. Army War Reserve Sustainment (AWRS). HQDA tasks the USAMMA to develop an AWRS requirement based upon the Time-Phased Force Deployment Data (TFPDD). FPD assumes that the sets, kits, and outfits (SKO) authorized to the Units represent the quantity and type of items that will be consumed while treating patients. The Resupply By Unit Type (REBUT) requirements determination model takes the TPFDD, pulls in Unit authorization data from the Logistics Integrated Database (LIDB) system, and determines the number of each set required for a given period of time. The data listing showing the quantity and type of MESs from the REBUT model is input into the Medical Requirements Capabilities Assessment Program (MRCAP) model. The MRCAP model pulls in the unit assemblage (UA) components and multiplies the number of sets times the allowance for each component. If the component is a piece of equipment or nonexpendable item, the requirement is zero filled based on a consumption percent of zero assigned to all nonexpendable NSNs. (You don't want to replace equipment or nonexpendable items every 5 to 10 days.) If the component is reusable (durable), then the quantity is reduced 10-20 percent of the computed requirement, depending on the degree of reuse. The NSNs that are coded as durable

items are assigned a consumption percent that ranges from 10-20 percent. All other components (expendable) are replaced at 100 percent (%) rate. The NSNs that are coded as expendable are assigned a consumption percent of 100 percent. Appendix A describes in detail the computation process for developing requirements for SC VIII APS Sustainment.

d. Medical Chemical, Biological, Radiological, and Nuclear Defense Materiel (MCDM).

(1) The requirement for MCDM is based upon two factors:

(a) Initial issues to get troops out the door.
(b) Sustainment or replacement of the MCDM after consumption.

(2) The initial issue is a simple multiplication of the personnel strength times the authorized quantity per Soldier. Sustainment is computed on the population-at-risk times the Joint Chiefs of Staff (JCS) approved rate for that theater of operation.

e. Other Special Computation Items (Special Comps).
Common Table of Allowances (CTA) 8-100 Items (chapstick, litters, etc.)

2-2. ADDITIONAL INFORMATION

a. For additional information pertaining to SC VIII APS Requirements Computations Process, contact the:

USAMMA
ATTN: MCMR-MMO-PL
1423 Sultan Dr.
Fort Detrick MD 21702-5001
Telephone: DSN 343-4428 or Commercial 301-619-4428

b. For additional information pertaining to SC VIII APS or other contingency programs, contact the:

USAMMA
ATTN: MCMR-MMO-PM
1423 Sultan Dr.
Fort Detrick MD 21702-5001
Telephone: DSN 343-4412/4518 or Commercial 301-619-4412/4518

c. For additional information on operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment, contact the:

USAMMA
ATTN: MCMR-MMO-PO
1423 Sultan Dr.
Fort Detrick MD 21702-5001
Telephone: DSN 343-4408 or 301-619-4408

CHAPTER 3. ARMY PREPOSITIONED STOCK (APS) PROGRAM

3-1. APS PROGRAM BACKGROUND

a. The traditional methods of locating sustainment stocks in Theater Reserve sites under local or theater commander control are no longer consistent with supporting the dynamics of a rapidly changing world with constrained resources - nor is it keeping with current policy objectives. The Army has become a much smaller, predominantly Continental United States (CONUS)-based force. The Army's Strategic Mobility Program, when fully implemented, will greatly expand the Army's ability to quickly move personnel and equipment to potential contingencies throughout the world. Forward presence will be achieved through minimum Outside Continental United States (OCONUS) stationing, with increased reliance on unit rotations and exercise deployments to provide stability in dynamic regions. To accomplish this objective, a balance of airlift, sealift, and sustainment (prepositioned equipment and supplies) is needed to provide the ability to project forces worldwide and sustain those forces during a contingency.

b. In May 1992, the Chief of Staff, Army (CSA) directed a reduction in War Reserve (WR) and Operational Project (OP) stocks and transferred management and accountability responsibilities for this materiel to the Army Materiel Command (AMC) and Office of the Surgeon General (OTSG), for Supply Class (SC) VIII. The U.S. Army Medical Materiel Agency (USAMMA) was designated by OTSG as the executive agent for SC VIII materiel and manager of the SC VIII portion of the Army War Reserve (AWR) Program. In 1998, the AWR Program was redesignated Army Prepositioned Stock (APS). In 2004. APS-3 was redesignated as Army Regional Flotilla (ARF). In 2005 APS-3 was redesignated as Army Strategic Flotilla (ASF).

3-2. APS AND SC VIII APS LOCATIONS

a. The objective of the CSA APS management policy is to change the use and ownership of APS materiel from specific Combatant Commands (COCOM) and theaters to a common user stockpile of equipment and supplies that can support the worldwide requirements of any warfighting COCOM. These stocks now fall under the broad heading of APS materiel and are grouped into five regions. APS-1 consists of CONUS based stocks, APS-2 stocks are stored in Europe, APS-3 stocks are prepositioned aboard ships, APS-4 stocks are located in the Pacific, and APS-5 covers Southwest Asia. The APS program encompasses prepositioned Brigade/Unit Sets, Operational Projects (OP), and sustainment stocks.

b. As the SC VIII APS Program Manager, the USAMMA maintains all total item property records on an in-house system. To accomplish the day-to-day management of SC VIII APS materiel, the USAMMA uses existing activities as accountable Activities to maintain and manage prepositioned assets.

APS-1 Health and Human Services, Perry Point, MD KellyUSA, San Antonio, TX Anniston Army Depot, Anniston, AL
APS-2 U.S. Army Medical Materiel Center-Europe (USAMMCE)
APS-3 Various afloat ships and Army Materiel Command (AMC) Army Field Support Battalion-Afloat (ASFBn-Afloat), Charleston, SC
NOTE: These sets do not contain exclusionary items such as controlled substances, refrigerated, or P&D items. Two methods exist to provide these items: (1) The deploying medical unit will bring them To Accompany Troops (TAT), and/or (2) These items are provided to the receiving medical unit by the Logistics Support Element, Medical Logistics Support Team (LSE, MLST), if a push package from Charleston is required.
APS-4 Camp Carroll, Waegan, Korea Sagami Army Depot, Sagami, Japan Camp Kinser, Okinawa, Japan
APS-5 AFSBn-Qatar – Camp AsSaliyah, Qatar

c. The USAMMA has Memorandums of Agreement (MOAs), Interservice Support Agreements (ISSAs), and Statements of Work (SOWs) with the activities to govern APS operations at the storage sites. In addition, the USAMMA personnel make periodic visits to the activities in order to resolve issues and view APS assets.

3-3. SC VIII APS ASSETS

a. The USAMMA has the SC VIII materiel below prepositioned to support the warfight.

(1) Brigade Sets:
One (1) Immediate Ready Force Battalion (BN) – stored at USAMMCE
One (1) in Korea – Heavy Brigade Combat Team (HBCT)
One (1) in Qatar – HBCT
One (1) in Qatar – Infantry Brigade Combat Team (IBCT)
One (1) in Qatar – Light Infantry Battalion-AF
Two (2) Afloat -- One (1) 1x1 brigade and One (1) HBCT are currently uploaded; however, the One (1) is currently scheduled to inactivate in Oct 2006.

(2) Medical and support units: The medical assets include one Corps Combat Support Hospital (CSH) stored in Korea and four Echelon Above Corps CSHs stored in Japan. The APS program has additional medical assets held in all sites. The required units, by Standard Requirement Codes (SRCs), are constantly reviewed and updated. The medical assets in APS-5 were issued for Operational Iraqi Freedom (OIF) and they will begin to be replaced in FY07, pending the availability of funds.

(3) Line Item and Set Configured Sustainment Stocks: Sustainment stocks are stored by Health and Human Services, Kelly USA, and APS sites in Korea and Japan. Assets stored Afloat and in Qatar were issued for OIF, and they will begin to be replaced in FY07, pending the availability of funds.

(4) Operational Projects (OP): Currently, OP projects are stored in Anniston Army Depot, USAMMCE, and APS sites in Korea and Japan. Assets stored in Kuwait and Qatar were issued for OIF, pending MACOM revalidation and FY07 funding.

b. Units can contact their higher headquarters to obtain visibility of APS assets. The APS assets are reported through the Unit Status Report (USR) systems into the Army Readiness Management System (ARMS). Additionally, the AMC (Field Support Command) and USAMMA are improving the Automated Battlebook System (ABS) for each theater. Official requests for information can be submitted through higher headquarters to the Force Projection Directorate (FPD) at the USAMMA. Most information concerning APS readiness is classified.

3-4. ADDITIONAL INFORMATION

a. Deploying units identified to receive APS medical assets are strongly encouraged to contact their higher headquarters. The higher headquarters, in turn, will contact the FPD, DSN 343-4412/4518 or Commercial 301-619-4412/4518 FPD will provide asset visibility down to the National Stock Number (NSN) level for all APS medical supplies and equipment and will recommend supplies and equipment the unit must bring as to accompany troops (TAT):

USAMMA
ATTN: MCMR-MMO-PM
423 SULTAN DR.
FORT DETRICK MD 21702-5001
Telephones: DSN 343-4412/4518 or Commercial 301-619-4412/4518

b. Additionally, personnel from the FPD can discuss operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment; call DSN 343-4408 or Commercial 301-619-4408:

USAMMA
ATTN: MCMR-MMO-PO
1423 SULTAN DR.
FORT DETRICK MD 21702-5001
Telephones: DSN 343-4408 or Commercial 301-619-4408

CHAPTER 4. THE ARMY CENTRALLY MANAGED MEDICAL POTENCY AND DATED (P&D) MATERIEL PROGRAM

4-1. INTRODUCTION

a. Funding constraints at the unit and DOD level (along with current business practices in commercial industry) prompted the CSA to approve The Surgeon General's (TSG) recommendation:

> '... that the Office of The Surgeon General (OTSG) assume responsibility for the centralized funding, management, and distribution of medical P&D materiel for early deploying (ED) medical units at Echelons Above Division (EAD) deploying in the first 31 days of a conflict.'

In January 1997 the OTSG, in turn, passed the mission to the USAMMA.

b. To support this DOD mission, the USAMMA developed the Centrally Managed Medical P&D Materiel Program that provides early deploying (ED), echelon above brigade (EAB) medical units, deploying from CONUS home stations, with their basic load of medical P&D materiel. Strategies for providing this materiel include the positioning of supplies at various CONUS and OCONUS locations and contracting for specific NSN items. Based on the Time Phased Force Deployment List (TPFDL) and projected funding, USAMMA develops UDP requirements by extracting P&D component NSNs from unit assemblages (UA) for generic ED EAB medical unit through day 31. The term "Unit Deployment Package" is a term coined within the Centrally Managed Medical P&D Materiel Program that represents a unit's basic load of medical P&D materiel.

c. A Unit Deployment Package (UDP) consists of medical and non-medical potency dated materiel with Medical Unit Assemblage Group Codes (MUAG) 1, and 4 through 9 and a shelf life code (SLC) of less than 60 months (SLC A-H, J-N, P-S for Type I NSNs and 1-9 for Type II NSNs). Active Component (AC), Reserve Component (RC), and National Guard (NG) ED EAB units will receive Type I and II medical, as well as, non-medical UDP items (MUAG 1) with a shelf life of less than 60 months.

d. The Centrally Managed P&D Materiel Program does not include support kits for authorized UA equipment. Medical potency and dated support items are now recognized components of the UA and as such are components of the UDP. The USAMMA recognizes the difficulty of identifying each piece of equipment and available support kit items that support various data base authorizations. ED EAB medical units should "scrub" the equipment list and identify unit-specific support kit items and consumables. Unit personnel can also access the Consumable/Support Item report, which provides a medical equipment list and associated NSNs, via the USAMMA web-site: **www.usamma.army.mil**. Select "MEDSILS" from the "Products and Services" drop-down menu; click on "MEDSILS" and "Search By Consumable/Support Items Report" (the last bullet on the screen).

e. Availability of a particular NSN in a UDP can be verified by contacting the USAMMA Centrally Managed Medical P&D Materiel Program Manager (ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001) at DSN 343-4461 or by contacting a Customer Relations Management Representative at DSN 343-4301 or 4316;

commercial prefix is 301-619. Substitute NSNs within a particular UDP will be so identified as such within the pack data provided with the UDP upon issue to the unit.

f. In the event of deployment, the UDP program gives USAMMA the ability to "push" UDPs (minus Support Kit Items) to ED EAB medical units at home station or another location. UDP quantities are based on the same unit "Days of Supply" (DOS) schedule as the UBL. USAMMA sustainment programs, in conjunction with theater Single Integrated Medical Logistics Manager (SIMLM) operations, will support and maintain the medical requirements of deployed units after initial issue of a UDP.

NOTE: All medical units must develop an internal plan to receive and prepare the UDP for deployment, procure any additional materiel required to support their deployment, and plan the transportation (Time Phased Force Deployment Data) of this materiel.

g. While the Centrally Managed Medical P&D Materiel Program will provide materiel to those units deploying on/before day 31, units must keep in mind that the TPFDL is a flexible and fluctuating schedule. Should an activity with an initial deployment date sooner than day 31 suddenly find itself deploying beyond day 31, that unit will no longer be authorized to receive a UDP. Therefore, units must plan appropriately.

4-2. PROCUREMENT STRATEGIES

a. The USAMMA utilizes a combination of acquisition and management strategies to acquire and maintain medical P&D materiel for ED EAB medical units. Purchased medical P&D materiel may be stored and managed as a pre-positioned UDP at a government or contractor managed facility. These stocks are not "flagged" to any one unit. They will be used as swing stocks for issue to EAB medical units deploying within the first 31 days of a contingency operation. The following is a discussion of the current strategies encompassing the central management of medical P&D materiel.

b. The pre-positioning of UDPs enables USAMMA to quickly outfit ED EAB medical units with their basic load of medical P&D items. During FY97, the USAMMA built and stored 10 CSH UDPs and two Area Support Medical Battalion (ASMB) UDPs at various strategic locations worldwide. Changes in the force structure as well as changes in funding levels and the deployment planning process has resulted in a different mix of prepositioned UDPs to meet future ED EAB medical unit requirements. Current pre-positioned UDPs include five (5) Medical Re-Engineering Initiative (MRI) Corp Combat Support Hospital (CSH) UDPs, five (5) 84 Bed MRI CSH UDPs, one (1) Echelon Above Corps (EAC) CSH UDP, twelve (12) Area Support Medical Company (ASMC) UDPs, fourteen (14) Forward Surgical Team (FST) UDPs, four (4) Ground Ambulance Company (GAC) (24 vehicle) UDPs, and the four (4) Aerial Ambulance Company (AAC) UDPs.

c. The UDPs enumerated above are stored at various locations in CONUS and OCONUS. The storage activity is responsible for administering all actions associated with the Care of Supplies in Storage (COSIS) and receiving guidance from the Program Manager. They are responsible for acquiring, receiving, and storing new materiel components of UDPs, replacing expired materiel, re-labeling, as appropriate,

extended materiel, and preparing and shipping UDPs when required. Storage sites currently maintaining one or more UDPs for the Centrally Managed Medical P&D Program include:

- KellyUSA, San Antonio, TX
- Health and Human Services Supply Support Center, Perry Point, MD
- Camp Carroll, Waegan, Korea
- Sagami Army Depot, Sagami, Japan

d. Medical P&D requirements currently not sourced under a contract are procured through DSCP MILSTRIP requisitioning or on-line web based ordering via the Electronic Cataloging/Laboratory Integrated Delivery System (ECAT/LIDS) at DSCP. ECAT/LIDS provides access to dental and laboratory items and the system is expected to expand in the future. The Centrally Managed Medical P&D Program has access to x-ray items through a DLA-funded Photo Imaging Contract (PIC) at DSCP.

4-3. RELEASE AUTHORITY (HUMANITARIAN RELIEF ONLY)

a. In addition to declared contingency operations when UDPs are released to ED EAB medical units providing medical support to the Warfighter, UDPs may be released to support Humanitarian Relief efforts. In such instances, medical units must make their request for release of a UDP to the USAMMA Emergency Operations Center (EOC). The request will be validated and forwarded to the Office of The Surgeon General (OTSG) for approval. Approval to release UDPs in other than contingency operations is at the OTSG level. Upon approval, either as a free-issue or a reimbursable issue, the UDP will be shipped to a location as directed by the receiving unit. A unit point of contact, telephone number, and electronic mail (email) address must be provided for coordination of the shipment.

b. The following elements should be provided to the USAMMA EOC via telephone, DSN 343-4408 or commercial 301-619-4408, and followed up with a confirming email message to: USAMMAEOC@det.amedd.army.mil .

- Requesting Unit
- Purpose of the Request
- Under What Authority the Request is Made (Deployment Order)
- Higher Headquarters Point of Contact Information
- Unit Commander and/or Medical Supply Point of Contact Information

4-4. RELEASE AUTHORITY (DEPLOYMENTS)

OTSG is the release authority for this materiel and the UDP is released at no cost for validated EAB units that deploy on/before day 31.

4-5. ADDITIONAL INFORMATION

For additional information pertaining to the Centrally Managed P&D Program, contact:

U.S. ARMY MEDICAL MATERIEL AGENCY
ATTN: MCMR-MMO-PM
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephone: DSN 343-4461/4518 or 301-619-4461/4518

CHAPTER 5. INITIAL ISSUE MEDICAL, CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR DEFENSE MATERIEL (MCDM)

5-1. INTRODUCTION

a. The US Army Office of The Surgeon General (OTSG) sustains the initial issue inventory of consumable medical CBRN materiel countermeasures for all Army forces that deploy in support of geographic combatant commander theater-strategic and operational requirements. These countermeasures provide the individual Soldier with the capability to give self-aid or buddy aid to treat injuries resulting from warfare agents. OTSG also sustains the initial issue of potency and dated items for the Medical Equipment Set (MES), Chemical Agent Patient Treatment (LIN M23673), which provides deploying medical units with the capability to treat and protect chemical casualties.

b. The US Army Medical Materiel Agency (USAMMA) was designated by the OTSG to execute the program and act as the primary Inventory Manager for the Initial Issue MCDM. USAMMA is responsible for the acquisition, storage, release, and overall accountability of Army owned initial issue MCDM stock. USAMMA tracks materiel stockpile by lot number and expiration date, and provides this information to OTSG for budgeting and replacement of the materiel.

c. Supply Support Activity (SSAs)/Medical Treatment Facility (MTFs) are the secondary line Item Managers for the Initial Issue MCDM stock. The SSA/MTF Commanders are responsible for the physical accountability and management of materiel placed in their care. The SSA/MTF release Initial Issue MCDM to deploying/forward deployed forces as required, at no cost, when authorized by OTSG.

d. The management of MCDM stock is now part of the USAMEDCOM Command Logistics Review Team (CLRT) inspection program, see www.medlogspt.army.mil.

e. The Initial Issue MCDM is maintained under two separate projects: DH1-Initial Issue MCDM Deployable Force packages (DFP) and DH5-Potency and Dated MCDM for the MES, Chemical Agent Patient Treatment (LIN M23673).

5-2. DH1 PROJECT – DEPLOYABLE FORCE PACKAGE (DFP)

a. The Deployable Force Package is the initial issue of the Individual Service Member (ISM) MCDM required for deploying and forward deployed forces in accordance with Theater Force Health Protection guidance. OTSG is the release authority for this materiel and the MCDM is released at no cost for validated U.S Army deployers. This materiel will support the initial stages of contingency while allowing the industrial base adequate time to move into full production. DFP packages consist of the items listed in Table 5-1.

TABLE 5-1. DFP COMPONENTS

NSN	NOMENCLATURE	BASIS OF ISSUE	AAC
6505-01-174-9919 (NAAK MARK I Kit)	Antidote Treatment Kit, Nerve Agent (NAAK) MARK I consists of (1) Atropine autoinjector and (1) 2-Pam Chloride autoinjector.	3 per individual	D
or			
6505-01-362-7427 (ATNAA)	Antidote Treatment, Nerve Agent Auto injector (ATNAA) **NOTE: ATNAA replaces the NAAK MARK I Kits. MARK I Kits will be issued in lieu of ATNAA until current inventory is depleted.**	3 per individual	D
6505-01-274-0951 (CANA)	Diazepam Injection 5 mg/ml 2ml, Syringe Needle Unit (Convulsant Antidote Nerve Agent - CANA)	1 per individual	D
6505-01-491-5506	Doxycycline 100 mg tablets, 30's (U/I: BT)	30 days of supply per individual (60 tablets)	R
or			
6505-01-491-2834	Ciprofloxacin 500 mg (unit dose) tablets, 30's (U/I: PG) **NOTE: Unit dose materiel will be phased out; issue in lieu of bottled Ciprofloxacin until current inventory is depleted.**		R
or			
6505-01-529-6640	Ciprofloxacin 500 mg tablets, 30's (U/I: BT) **NOTE: Doxycycline will be issued unless there is a specific requirement for Ciprofloxacin.** **ANTIBIOTICS: Will be issued in two bottles of 30 tablets**.		L
7610-01-492-7703	Individual Soldier's Guide to MBCDM	1 per individual	R
6505-01-178-7903 (SNAPP)	Pyridostigmine Bromide Tablets 30 mg, 210's tablets/package (Soman Nerve Agent Pretreatment Pyridostigmine - SNAPP) **NOTE: SSA/MTF will not issue SNAPP unless authorized by OTSG.**	42 tablets per individual	A
6505-01-483-7162 (SERPACWA)	Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA) packets. Contingency stockage maintained at select DFPs. **NOTE: SSA/MTF will not issue SERPACWA unless authorized by OTSG.**	6 packets per individual	A
6505-01-496-4916 (KI)	Potassium Iodide (KI) tablets, 14 tablets, strip. Contingency stockage maintained at selected DFPs. **NOTE: SSA/MTF will not issue KI unless authorized by OTSG.**	14 tablets per individual	A

b. DFP assets are strategically stored at select SSA/MTFs throughout the world based on the Army Campaign Plan (Table 5-2). The OTSG and USAMMA will determine the inventory stockage of materiel at each SSA/MTF based on deploying units and forward deployed forces.

TABLE 5-2. DFP LOCATIONS

16th MEDLOG BN, Korea	Fort Hood, TX	Fort Riley, KS
Camp Arifjan, Kuwait	Fort Huachuca, AZ	Fort Rucker, AL
Camp Atterbury, IN	Fort Irwin, CA	Fort Sam Houston, TX
Fort Belvoir, VA	Fort Jackson, SC	Fort Sill, OK
Fort Benning, GA	Fort Knox, KY	Fort Stewart, GA
Fort Bliss, TX	Fort Lee, VA	Fort Wainwright, AK
Fort Bragg, NC	Fort Leonard Wood, MO	Sagami, Japan
Fort Campbell, KY	Fort Lewis, WA	Tripler AMC, HI
Fort Carson, CO	Fort McCoy, WI	USAMMCE, Germany
Fort Drum, NY	Fort McPherson, GA	Walter Reed AMC
Fort Eustis, VA	Fort Meade, MD	
Fort Gordon, GA/Camp Shelby	Fort Polk, LA	

5-3. MANAGEMENT AND ACCOUNTABILITY OF INITIAL ISSUE DFP MCDM

a. The Supply Support Activity (SSA)/Medical Treatment Facility (MTF) will maintain and account for assets as contingency stocks thru the Theater Army Medical Materiel Information Systems (TAMMIS)/Defense Medical Logistics Supply Systems (DMLSS) and the DoD/FDA Shelf Life Extension Program (SLEP). Assets will be maintained using project code "DH1" in TAMMIS/DMLSS and as "CBRN" in SLEP database. MCDM stock is tracked by lot number and expiration date in the SLEP system.

b. The SSA/MTF will maintain audit trail of all issues, receipts, destructions and turn-ins of DFP assets.

c. The SSA/MTF will provide monthly reports of all DFP, project code "DH1" assets by the 5th of each month. **Updated inventory reports will be submitted within 24 hours of any change of inventory**, i.e., receipt of assets/issue of assets/change in condition code. Reports are to be sent to the USAMMA, ATTN: MCMR-MMO-PM via fax (DSN 343-4404 or Commercial 301-619-4404) or by email (see USAMMA contact information at the end of the chapter). **These reports are critical to OTSG/USAMMA for determination of Initial Issue MCDM readiness status and in allocating/requesting funding.**

d. A chain of custody of MCDM will be maintained from the SSA/MTF to the Unit or to the Individual Service Member. It is critical that the SSA/MTF provide the USAMMA a copy of all release documents annotated with the document number, unit designation, quantity, lot numbers and expiration dates for assets released and within 24 hours of the next business day. In addition, they will provide an updated inventory to the USAMMA MCDM POC with the release document.

(1) Diazepam (CANA) is a controlled substance, security code Q/R and accountability must be maintained in accordance with *AR 40-61 Medical Logistics Policies* and applicable security regulations.

(2) In the event that a unit or ISM returns from deployment/theater to home station with MCDM in their possession, the unit/ISM must turn in their MCDM to their issuing SSA/MTF.

e. Turn in of assets is accomplished via Request for Issue and Turn In (DA Form 3161, or equivalent form). Separate forms will be provided for each category of materiel, serviceable, unserviceable, and questionable. Assets issued to ISMs will be segregated from assets that were retained under unit control. A roster will be provided for all assets issued to individuals, reflecting the name, quantity, and date/time when assets were released and returned, if applicable. Assets that were issued to ISMs are considered unserviceable and will be turned in for destruction. Assets that were maintained in central management by the units and **stored correctly will be returned to stock**, unless theater or command policy specifies otherwise. Assets that were maintained in central storage (not issued to individuals) and the storage conditions are unknown or were outside those storage temperatures (see paragraph 5-6) will be destroyed by the SSA/MFT. The inventory will be adjusted in TAMMIS/DMLSS and in SLEP. A copy of the destruction document will be sent to USAMMA, ATTN: MCMR-MMO-PM via fax (DSN 343-4404 / Commercial 301-619-4404) or by email (see USAMMA contact information at the end of this chapter). If materiel is returned to stock the SSA/MTF should provide the document number used to bring this stock to record along with the NSN and quantity so the USAMMA can adjust the Total Item Property Record which is maintained at the USAMMA.

5-4 ADDITIONAL PRODUCT INFORMATION

a. ATNAA/SERPACWA. The interim doctrine for the application and use of SERPACWA and ATNAA is provided at this website: https://acfi.amedd.army.mil/dcdd (Directorate of Combat and Doctrine, United States Army Medical Center and School, Fort Sam Houston, Texas). Double click on the eagle to enter the website. On the blue index on the left side of the screen, select "Drafts"; scroll down the page to Interim Doctrine, then select the desired document. An Army Knowledge Online (AKO) account is required to access this website. If you have difficulty accessing the website, send an email to Medicaldoctrine@amedd.army.mil or call commercial 210-221-9524 or DSN 471-9524.

b. SNAPP.

(1) The FDA approved this item as a pretreatment against Soman Nerve Agent Poisoning (SNAPP) on 5 February 2003. The FDA authorized DoD to issue its existing assets of Pyridostigmine Bromide tablets without repackaging or over-labeling so long as each packet is accompanied with the new, approved labeling. The FDA also required that all personnel be properly trained in the history, use, drug action and side effects of SNAPP. Most important, is the requirement to provide adequate training and information to deploying service members, and ensure documentation and maintenance of records of all personnel receiving SNAPP, through hard copy records or electronic means. The DoD made a commitment to the FDA that all military services will provide each person receiving SNAPP tablets a new patient package insert (PPI) providing details about the approval of SNAPP tablets and its safe use. All assets of the IND materiel must be removed from the DoD inventory by February 2008.

(2) The Investigational New Drug (IND) product has a date of manufacture and the FDA approved product has an expiration date. The FDA gave the approved product a 10 year shelf life, but after 5 years, the product must be periodically tested through the DoD/FDA SLEP (See para 5-3 below).

(3) The depot will not issue SNAPP to Army units; SNAPP is an Acquisition Advice Code (AAC) A item and requires the approval from OTSG for release.

5-5. DH5 PROJECT- INITIAL ISSUE POTENCY & DATED (P&D) MCDM FOR THE MEDICAL EQUIPMENT SET, CHEMICAL AGENT PATIENT TREATMENT (LIN M23673)

a. The P&D MCDM are components of the MES LIN M23673 and are issued to deploying/forward deployed support units, e.g., medical support company, Infantry Brigade Combat Teams, and Brigade Support Battalions, to complete their MES LIN M23673 (Table 5-3).

TABLE 5-3. P&Ds FOR MES, CHEMICAL AGENT PATIENT TREATMENT, LIN M23673

NSN	NOMENCLATURE	BASIS OF ISSUE	AAC
6505-00-926-9083	Atropine Injection	500 per set	D
6505-01-274-0951	Diazepam Injection 5 mg/ml 2ml Syringe Needle Unit (Convulsant Antidote Nerve Agent - CANA)	100 per set	D
6505-01-125-3248	Pralidoxime Chloride for Injection (2-PAM)	50 per set	D
6505-01-457-8901	Antidote Treatment Kit - Cyanide (Cyanide Kit) In the future, the Cyanide kit will be replaced with: Sodium Thiosulfate (NSN TBD) and Sodium Nitrite (NSN TBD)	5 per set	A
6505-01-454-2525	Atropine Sulfate Ophthalmic Ointment	24 per set	A
6505-01-332-1281	Atropine sulfate Inhalation Aerosol (MANAA) NOTE: This item is not being manufactured and is currently non-procurable. A replacement for this item is currently in development and is moving thru the FDA approval process with an estimated availability of 2009.	1 per set	A
6530-01-383-6260	Patient Chemical Wrap	12 per set	D

NOTE: The Patient Wrap is not being manufactured and currently non-procurable. A replacement for this item is currently in development with an estimated availability of 2009. Components:

NSN	ITEM	BASIS of ISSUE
4240-01-442-2314	Hose Assembly	12 per set
4240-01-442-8415	Blower Light Weight	12 per set
6130-01-500-9675	Battery Charger	1 per set
6140-01-500-9672	Rechargeable Battery	24 per set
6640-01-500-7717	Cartridge Respirator	48 per set
6640-01-500-7721	Indicator Airflow	1 per set

b. Initial issue P&D MCDM assets are strategically stored at select SSA/MTFs throughout the world based on the Army Campaign Plan (Table 5-4). OTSG/USAMMA will determine the inventory stockage of materiel at each SSA/MTF based on requirements for deploying and forward deployed forces.

TABLE 5-4. INITIAL ISSUE P&D MCDM LOCATIONS

16th MEDLOG BN, Korea	Fort Campbell, KY	Camp Arifjan, Kuwait
Fort Benning, GA	Fort Drum, NY	USAMMCE, Germany
Fort Bliss, TX	Fort Hood, TX	
Fort Bragg, NC	Fort Stewart, GA	

5-6. MANAGEMENT AND ACCOUNTABILITY FOR INITIAL ISSUE POTENCY & DATED (P&D) MCDM FOR THE MEDICAL EQUIPMENT SET, CHEMICAL AGENT PATIENT TREATMENT (LIN M23673)

a. The SSA/MTF will maintain accountability of the P&D assets for MES LIN M23673 using TAMMIS/DMLSS and the SLEP system. Assets will be maintained using project code "DH5" in TAMMIS/DMLSS and as "CBRN" in SLEP database. MCDM stock is tracked by lot number and expiration date in the SLEP system.

b. The SSA/MTF will maintain and audit trail of all issues, receipts, destructions, and turn-ins of P&D assets for MES LIN M23673 assets.

c. The SSA/MTF will provide monthly reports of all P&D assets for MES LIN M23673, project code "DH5" assets by the 5th of each month. Updated inventory reports will be submitted within 24 hours of any change of inventory (i.e., receipt of assets/issue of assets/change in condition code). Reports are to be sent to the USAMMA, ATTN: MCMR-MMO-PM via fax (DSN 343-4404 or Commercial 301-619-4404) or by email (see USAMMA contact information at the end of the chapter) These reports are critical to OTSG/USAMMA for determination of Initial Issue P&D MCDM readiness status and in allocating/requesting funding.

d. A chain of custody of P&D MCDM will be maintained from the SSA/MTF to the Unit.

e. IMPORTANT INFORMATION: Current Southwest Asia (SWA) theater policy for the P&D MCDM assets for MES LIN M23673 (Chemical Agent Patient Treatment) is for sets to be left behind for follow-on forces and not returned to home station or issuing facility.

5-7. RELEASE PROCEDURES FOR ALL INITIAL ISSUE MCDM

a. All requests for release of the centrally funded MCDM to Individual Service Members/units must be validated and approved by The Directorate of Health Care Operations, Office of The Surgeon General. Contact OTSG by calling:

DSN 761-8052/1785 or Commercial 703-681-8052/1785
Toll free 1-866-677-2128, or
email at **eoc.opns@otsg.amedd.army.mil**.

b. The Directorate of Health Care Operations (HCO), OTSG will only authorize release of the initial issue MCDM assets based on deployment order, Temporary Change of Station Order (TCS), World Wide Individual Augmentation System (WWIAS) task number, or a message or letter giving the unit a deployment mission requiring MCDM.

c. Units will request release of MCDM through their SSA/MTF. The SSA/MTF will forward the unit's request by email to **eoc.opns@otsg.amedd.army.mil** and include the following information:

(1) Subject of the email must include "MCDM" along with abbreviated unit name and number of personnel (PAX), e.g., "Request MCDM Release for XXX (unit number) Ordnance BN, XX (personnel) PAX."

(2) Body of the email must contain ALL of the following items listed below:
- (a) Unit Name and UIC
- (b) Subordinate Units receiving MCDM (Names and UICs)
- (c) Installation
- (d) Number of PAX
- (e) Number of PAX on flight status
- (f) Date Materiel is required for personnel to deploy
- (g) Number of working dogs
- (h) Unit Order Number, TCS, or WSAIS number
- (i) Name and title of the Point of Contact
- (j) DSN Phone Number
- (k) Email address
- (l) Number of MES LIN M23673 unit will deploy with (if applicable)

d. The Directorate of Health Care Operations, OTSG, will respond to the SSA/MTF request by email to approve, disapprove, or request additional information.

e. SSA/MTF will issue MCDM items listed in Table 5-1 and Table 5-3 (if applicable) upon receipt of approval notification from Directorate of Health Care Operations, OTSG. SERPACWA and Pyridostigmine Bromide tablets (SNAPP) will not be issued without express authorization from OTSG.

f. Potassium Iodide (NSN 6505-01-496-4961) is part of the DFP program, but distribution is limited to select locations. Directorate of Health Care Operations, OTSG will authorize release of this materiel in support of select missions. Basis of Issue will be one (1) strip package (14 tabs) per individual.

g. Working dogs are authorized the release of ATNAA/NAAK Mark I Kits, CANA and antibiotics.

h. Doxycycline will be issued unless specific requirement exists for Ciprofloxacin. Persons on flight status will be issued Doxycycline.

i. In order to ensure the most efficient use of all assets, SSA/MTF will check all deployment orders to assess length of tour. If length of tour is specified, then utilize the shortest shelf life materiel that will meet the entire length of tour. If deployment orders do not indicate length of tour, then provide Unit/ISM with a minimum of 12 months remaining in shelf life.

j. The deploying command may choose to issue the Antidote Treatment Kit Nerve Agent (NAAK Mark I Kits) or Antidote Treatment - Nerve Agent Antidote (ATNAA) and the Individual's (Soldier's) Guide to MCDM to the Individual Service Members. However, CANA and antibiotics (Doxycycline /Ciprofloxacin) will remain under unit/medical control until the Combatant Command authorizes release/distribution.

5-8. STORAGE REQUIREMENTS

a. All auto injectors (ATNAA/NAAK Mark I Kits, CANA, Atropine, and 2-PAM Chloride) require a storage temperature between 59-86 degrees Fahrenheit. Ensure these items are not frozen. Additionally, CANA is a controlled substance (note Q) that requires vault or cage storage.

b. SNAPP requires refrigerated storage at a temperature between 36-46 degrees Fahrenheit. Potency loss rapidly increases when SNAPP is exposed to temperatures above the refrigerated range. SNAPP can be out of refrigeration for a cumulative period of 6 months. However, when authorized for release, it has to have a minimum of 90 days of refrigeration. SNAPP issued to individuals has to be used (if directed by Combatant Commander) or destroyed 90 days after issue.

c. Antibiotics (Ciprofloxacin/Doxycycline) require a storage temperature between 59-86 degrees Fahrenheit.

d. Individual Soldier Guides (booklet) require general warehouse storage.

e. SERPACWA requires a storage temperature between 68-86 degrees Fahrenheit.

f. Potassium Iodide (KI) tablets require storage temperature between 59-86 degrees Fahrenheit.

g. The Cyanide Kits, MANAA, and Atropine Ophthalmic Ointment require a storage temperature between 59-89 degrees Fahrenheit.

h. The storage requirements are reflected on the items; additional storage data can be found in the notes codes of the automated logistics products:

Universal Data Repository (UDR)
Federal Logistics Data on Compact Disc (FEDLOG), and
Medical Services Information Logistics Systems (MEDSILS)

5-9. RELABELING OF MCDM

a. The Army's policy is that extended materiel will be re-labeled IAW the Food & Drug Administration (FDA) requirements and be in compliance with the Federal Food, Drug and Cosmetic (FD&C) Act of 1938 and the Food and Drug Modernization Act (FDMA) of 1997. The FDA has authorized a deferral of the requirement to have every individual unit of issue relabeled only while the materiel is maintained under centralized control. The purpose is to reduce the cost for multiple relabeling efforts, as SLEP products may be extended multiple times prior to being issued to individual service members. The FDA will permit DoD to label only the outer cartons of products with the updated information so

long as they remain in centralized storage, control, and management. This materiel must be relabeled completely, down to the individual units of issue, before being distributed/issued to forward units or individual service member.

b. Beginning in June 2006, when the FDA sends the results of a Shelf Life Extension Project to the Defense Medical Standardization Board (DMSB), an order for labels will be generated. Labels will only be sent to SSA/MTF that have:

(1) Updated their inventory in SLEP in the last 6 months.

(2) Updated their address in the SLEP system to a FED EX address. A FED EX address must include a Street and building number, City, State and zip Code.

c. An email will be sent to the SSA/MTF notifying them that an order has been placed for labels. Activities will comply with the SLEP message instructions.

5-10. DESTRUCTION OF MCDM

a. All MCDM requiring destruction will be destroyed at the SSA/MTF. The inventory report must be adjusted appropriately, and a copy of the destruction document will be sent to USAMMA, ATTN: MCMR-MMO-PM via fax (DSN 343-4404 or Commercial 301-619-4404) or by email (see USAMMA contact information at the end of this chapter).

b. Small amounts of auto injectors may be placed in a "Sharps" container and dispose off through normal biowaste channels, in accordance with local policies.

c. For larger amounts of MCDM, SSA/MTF may use the Pharmacy Return/Guarantee returns contract from DSCP or the installation waste management facility/incinerator plant. Destruction at local level must be IAW Military Item Disposal Instructions (MIDI).

(1) Military Item Disposal Instructions (MIDI). Disposal instructions are available on CD-ROM or on-line at http://chpm-www.apgea.army.mil/newmidi/. The MIDI CD-ROM system is a database application designed to provide methods of destruction for the disposal of hazardous and non-hazardous items used within the Department of Defense (DOD). The MIDI system aids the preventive medicine officer and the logistician in proper disposal of outdated medical and non-medical items. The database also serves the Defense Reutilization and Marketing Service in their disposal mission.

(2) The information in the MIDI system provides guidance for safe and proper disposal of outdated items. The disposal of chemicals and medical items must meet requirements set forth by the Environmental Protection Agency (EPA) and state environmental agencies. The use of appropriate disposal methods is essential to the safety of personnel handling and disposing of these items. Many items and chemicals used within the DOD pose risks to both personal safety and the environment. The MIDI database also contains information extracted from the product's Material Safety Data Sheet (MSDS) for many items used in the DOD.

d. If SSA/MTF cannot dispose of your MCDM by any of the methods above, contact the USAMMA MCDM POC for assistance in shipping materiel to Ft. Detrick for destruction.

5-11. ACQUISITION ADVICE CODES AND UNIT FUNDED REQUISITIONS

a. The Acquisition Advice Code (AAC) for the following Materiel: Mark I Kit, ATNAA, CANA, Atropine Auto injector, and 2-Pam Chloride; have changed from ACC A to ACC D.

b. Unit funded Requisitions for ACC D MCDM will be submitted thru regular supply channels directly to the managing Source of Supply (SOS) S9M.

5-12. ADDITIONAL INFORMATION

a. Chapter 9, *AR 40-61, Medical Logistics Policies*, provides policy for the centrally managed MCDM.

b. USAMMA web site (**http://www.USAMMA.army.mil**). OTSG will disseminate policy guidance via MMI messages. Other required data may be disseminated via DoD MMQC messages. The USAMMA Website contains informational papers and SLEP guidance relative to MCDM.

c. MEDCOM distributes guidance via Operations Management bulletins.

d. Additional information relative to policy/guidance can be directed to:

Office of the Surgeon General
ATTN: MCOP-P (NCR)
5111 Leesburg Pike, Suite 401A
Falls Church VA 22041-3258

Telephones DSN 761-8185/8188/4201 or
Commercial 703-681-8185/8188/4201

e. Additional information relative to MCDM asset management or SLEP can be directed to:

USAMMA
ATTN: MCMR-MMO-PM
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

Telephones DSN 343-4306/4412 or
Commercial 301-619-4306/4412

CHAPTER 6. RESERVE COMPONENT HOSPITAL DECREMENT (RCHD)

6-1. BACKGROUND

In April 1993, the USAMMA was tasked with the mission of managing the RCHD program. General responsibilities include the modernization, sustainment, COSIS, preparation of Decrement Feeder Data Reports, and the coordination of materiel movement. Currently, 25 hospitals in the RCHD are stored at Sierra Army Depot.

6-2. PROGRAM COMPOSITION

The RCHD stocks consist of Deployable Medical Systems (DEPMEDS) Medical Materiel Sets (MMS), and medical and non-medical Associated Support Items of Equipment (ASIOE). The RCHD program does not include other support equipment such as trucks and communications equipment. RCHD stocks are used to bring the Army reserve units from their peacetime authorized levels to their full required level for MMSs and medical and non-medical ASIOE. These RCHD stocks serve as a decrement to a unit's Minimum Essential Equipment for Training (MEET) sets. RCHD is the difference between the required and authorized materiel on the MTO&E for MMSs and ASIOE. Medical Reengineering Initiative (MRI) converts the current Medical Force 2000 (MF2K) three hospital system (General, Combat Support and Field Hospital) to a two-hospital concept. The MRI structure has two, 248-bed variations, the Corps and Echelon Above Corps (EAC). Both variations have a Headquarters, and Headquarters Detachment (HHD), 84-bed and 164-bed companies; however only the Corps is split-based operational. Also, unique to the Corps is the Early Entry Hospitalization Element (EEHE) that is a 44-bed company made mobile with organic assets and is designed to break out for provision of early entry capability and the ability to move with the fighting force. This same EEHE without the transportation requirements equates to the U.S. Army Reserve's Clinical Operation Equipment Set (COES). Provided the USAR is given the mission, the COES could support homeland security, disaster relief initiatives and smaller scale contingencies.

The following list shows the current composition of the RCHD program and scheduled conversions and inactivations:

TABLE 6-1. CURRENT RCHD COMPOSITION PROGRAM AND SCHEDULES

Hospital Unit	Disposition	Remarks
344th CSH	Remain MF2K	Convert to 164 BED in FY11
399th CSH	MRI, FY 04	Converted
396th CSH	MRI, FY 03	Converted
405th CSH	MRI, FY 05	Converted
452nd CSH	MRI, FY 03	Converted
801st CSH	MRI, FY 04	Converted
256th CSH	MRI, FY 04	Converted
320th CSH	MRI, FY 05	Converted to 164 Bed Co
328th CSH	MRI, FY 04	Converted
48th CSH	MRI, FY 04	Converted

(Continued) TABLE 6-1. CURRENT RCHD COMPOSITION PROGRAM AND SCHEDULES

Hospital Unit	Disposition	Remarks
369th CSH	Remain MF2K	Convert to 164 Bed in FY 11
345th CSH	MRI, FY 06	Converted
75th CSH	MRI, FY 05 (EAC)	Converted
322nd CSH	MRI, FY 06	Activation
865th CSH	MRI, FY 06 (EAC)	Converting in August 06
352nd CSH	MRI, FY 04	Converted
228th CSH	Finish Converting July06	Converting
339th CSH	Remain MF2K	Convert to 164 Bed in FY 11
349th CSH	MRI, FY 05 (EAC)	Converted
301st CSH	MRI, FY 04	Converted
18th FLD	"J" out FY 07	Inactivation
94th CSH	MRI, FY 05 (EAC)	Converted
313th CSH (HUS)	"J" out FY 06	Inactivation
325th FLD	"J" out FY 06	Inactivation
348th GEN	"J" out FY 06	Inactivation
323rd CSH	"J" out FY 06	Inactivation

By the end of FY06 the program will consist of 22 hospitals and by the end of FY07 the program will consist of 21 hospitals.

6-3. GENERAL INFORMATION

a. USAMMA provides the RCHD Feeder Data Report each September based on AR 220-1 reporting requirements to the U.S. Army Reserve Command (USARC) and the RC Unit, the U.S. Army Reserve Medical Command (ARMEDCOM). Based on a request from the U.S. Army Reserve Command (USARC) and the U.S. Army Reserve Medical Command (ARMEDCOM) USAMMA will provide an RCHD Feeder Data Report each Quarter (June, September, December, March) to the U.S. Army Reserve Command (USARC), the U.S. Army Reserve Medical Command (ARMEDCOM) and to the RC unit. However, if data has changed significantly due to an MRI conversion, an updated RCHD Feeder Data Report is provided within 60 days upon completion of the conversion reflecting the most up-to-date information. The report is displayed to the LIN level of detail. In accordance with procedures outlined in Army Regulation (AR) 220-1, *Unit Status Reporting*, units will calculate the equipment on-hand portion of the USR using the on-hand assets in their MEET set and the equipment reflected on the RCHD Feeder Data Report.

b. OTSG will direct release of RCHD materiel in coordination with the United States Forces Command (FORSCOM) and Army Reserve to meet contingency, emergency, and peacetime requirements. The FORSCOM develops deployment plans for RCHD units and provides guidance to the U.S. Army Reserve Command. Upon receipt of deployment notification, the deploying unit will notify the USAMMA EOC to request RCHD materiel. The USAMMA validates the deployment of the unit with the TPFDD. If deployment has been validated, then the USAMMA will coordinate with the

applicable storage facility and the receiving unit for the shipment of materiel. An RCHD shortage list will be provided to the unit prior to movement. The unit is responsible to prepare shipment of their MEET sets and obtain the TAT requirements. According to FM 100-17-3, *The Reception, Staging, Onward Movement, and Integration (RSO&I)*, Logistics Support Element (LSE) was formed to facilitate the RSO&I of assets.

c. Above are the general call forward procedures for the RCHD decrement. The actual deployment and issue of RCHD will be Mission, Enemy, Troops, Terrain and Time (METT-T) driven.

6-4. ADDITIONAL INFORMATION

a. For USR information contact:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-PM
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephones DSN 343-7353/4412 or
Commercial 301-619-7353/4412

b. For additional information on operational and logistical issues relative to pre-deployment, deployment, and redeployment contact:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-PO
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephones DSN 343-4408 or Commercial 301-619-4408

c. For additional information on RCHD assets contact:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-PM
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephones DSN 343-7353/4412 or
Commercial 301-619-7353/4412

CHAPTER 7. EMERGENCY OPERATIONS CENTER (EOC), THE MEDICAL LOGISTICS SUPPORT TEAM (MLST), AND THE USAMMA FORWARD LOGISTICS SUPPORT ELEMENT (USAMMA FWD)

7-1. EMERGENCY OPERATIONS CENTER (EOC)

a. The Chief, Current Operations Division, Force Projection Directorate (FPD), is responsible for the establishment and 24-hour operation of the EOC. The EOC operation serves as a single focal point for customers. Its resources include STE phones, secure and non-secure fax, and Global Command and Control System (GCCS)/SIPRNET access. The EOC integrates and analyzes multi-directorate information to facilitate a timely decision process. The EOC identifies tasks and distributes them to appropriate directorates.

b. The EOC integrates and analyzes multi-directorate information to facilitate a timely decision process. This allows the functional experts to remain in their normal work areas where they maintain their libraries of information and automation capabilities. The EOC functions as the gatekeeper that prioritizes requirements for any given theatre of operation and is capable of monitoring several war-game scenarios simultaneously. The EOC will track and monitor the movement and requests for low-density stocks. This Center will ensure that the right materiel is in the right place at the right time by coordinating closely with the Force Sustainment Directorate.

c. Though all EOC members may not move from their current assigned office, the physical location of the Center will be in the Current Operations Division, FPD.

d. For additional information on EOC activation and operations contact:

USAMMA
ATTN: MCMR-MMO-PO,
1423 Sultan Dr., Suite 100
Fort Detrick, MD 21702-5001

Telephone: DSN 343-4408 or 301-619-4408 (secure capability)
NIPR: usammaeoc@det.amedd.army.mil
SIPR: Jadethrs@force1.army.smil.mil

7-2. THE USAMMA MEDICAL LOGISTICS SUPPORT TEAM (MLST)

a. MLST Mission.

On order deploy to designated worldwide locations IOT deliver medical logistics capabilities and solutions in support of Army strategic and contingency programs; Prepare for follow-on missions as required.

b. MLST Specified Tasks.

(1) Initial Fielding and Hand-off of APS, TSG Contingency Stock (UDPs), and TSG- directed modernization medical equipment (Not Sustainment)
(2) Bio-medical maintenance T/I and Repair (Type/Density Dependent)
(3) Initial APS CL VIII sustainment stock transfer to the TOO SIMLM.

c. MLST Implied Tasks

(1) Provide Class VIII technical and staff assistance to medical units within the TOO.
(2) Execute materiel transfer and train key unit personnel on inserted medical Technology.

d. MLST Employment: The MLST is USAMMA's deployable unit (via Mobilization TDA) for the issue of APS (Brigade/Unit Sets) and OTSG Contingency Stocks (UDPs) to medical GTUs. The team may hand-off materiel that is pre-positioned in Theatre or Afloat. The team deploys with or without the AMC LSE into any area of operation and executes USAMMA logistics missions. See Figure 7-1 below for a sketch of MLST employment in a TOO during contingency operations.

The USAMMA MLST Battlefield Employment

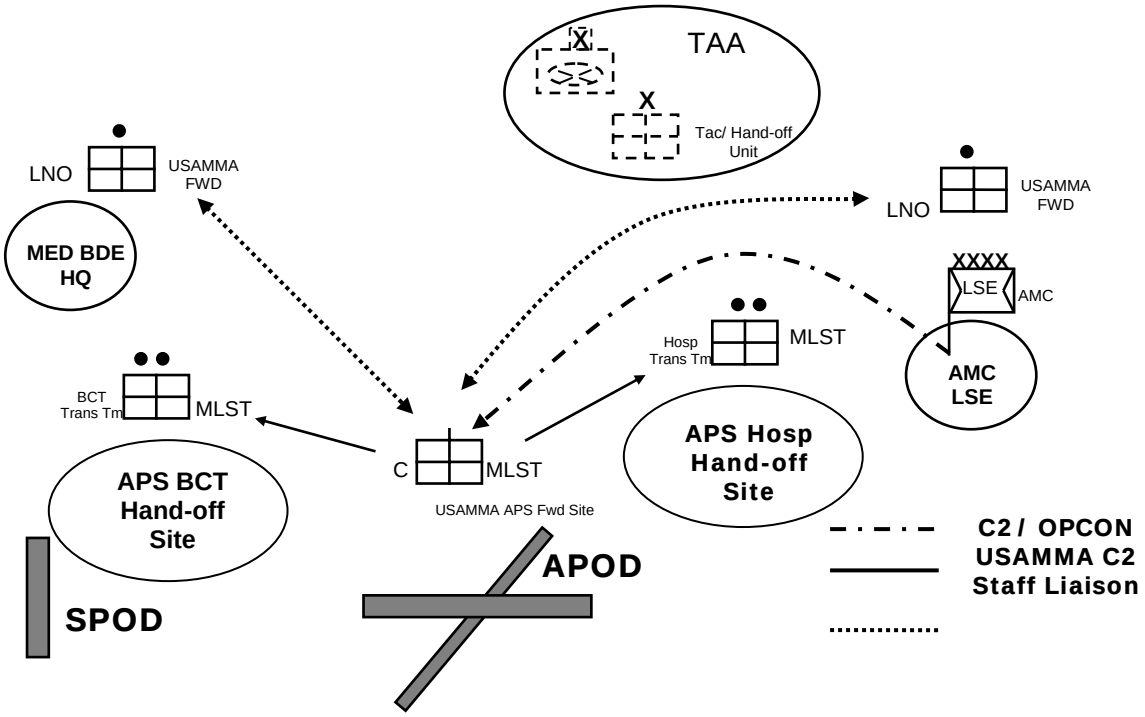

Figure 7-1. MLST Operational Employment

e. MLST Composition: The team is comprised of Active Army Officers, DA Civilians and U.S. Government contractors. The MLST consists of Soldiers, Civilians and Contractors who work for USAMMA in some capacity on a daily basis. During contingency operations, the USAMMA APS Forward Site Manager and personnel

assigned within the TOO are attached to and augment the MLST. These personnel bring different expertise to the team. When the team is activated, the personnel are brought together to form the team. The team has the capability to inventory medical materiel, prepare hand receipts, perform maintenance checks on medical equipment, and hand-off medical materiel. The MLST is the CL VIII issue proponent of the AMC LSE.

f. MLST Organization: The MLST is mission configured based on the equipment density of APS materiel that is issued but typically is organized into hand-off teams for APS hospital (level III) and Brigade Combat Team (BCT) (level I and II) equipment. When deployed in total, the MLST end-strength approximately 40 personnel (based on METT-TC). Although robust, the MLST is dependent upon personnel augmentation from the GTU to ensure rapid and accurate hand-off of APS equipment. See Figure 7-2 below for a sample MLST organizational chart.

MLST ORGANIZATIONAL STRUCUTRE

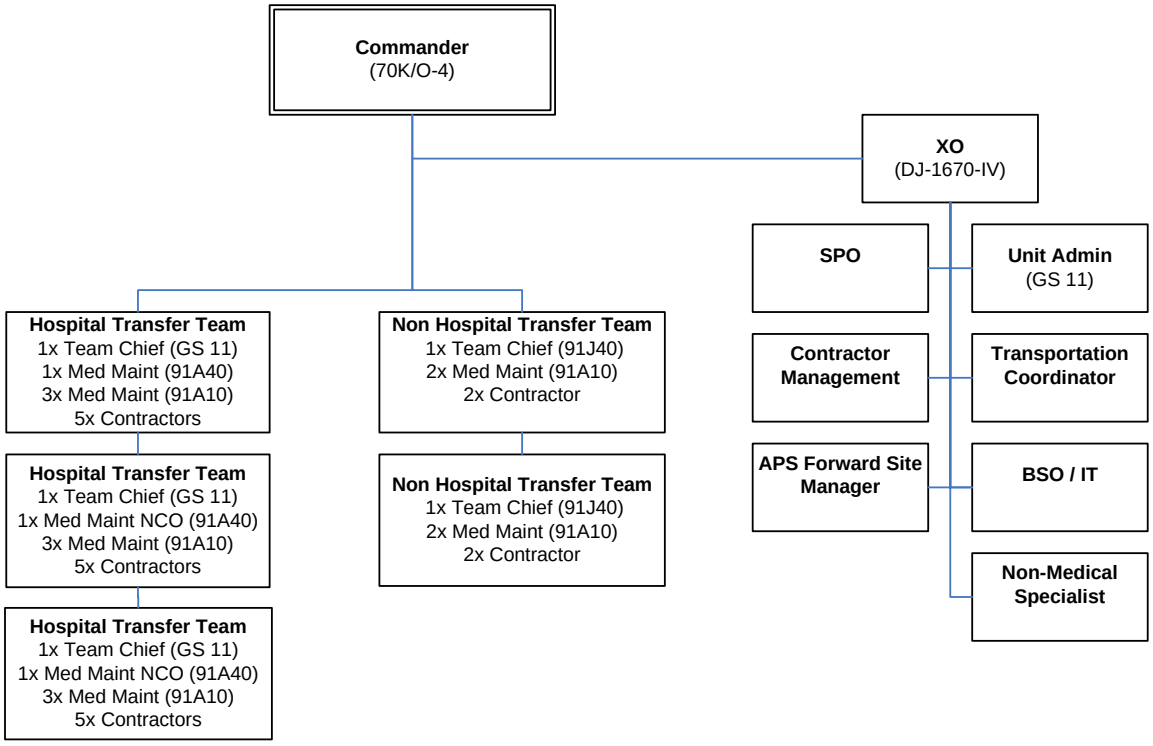

Figure 7-2. MLST Organizational Structure

g. MLST Command and Control (C2): The MLST deploys per the respective OPLAN TPFDD or on deployment orders. Per *FM 63-11*, the MLST is OPCON to the AMC LSE while deployed. However, given the unique nature of medical logistics operations, the MLST remains under the control of the Commander, USAMMA and the SCMD dictates the mission requirements of the team and sets its priorities.

h. For additional information on this topic, contact:

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ATTN: MCMR-MMO-PA (APS Operations Office)
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001

Telephone: DSN 343-4408 or 301-619-4408
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SIPR: jadethrs@force1.army.smil.mil

7-3. THE USAMMA FORWARD LOGISTICS SUPPORT ELEMENT (USAMMA FWD)

a. The USAMMA FWD Mission:
On order, deploy from home station with the MLST to the TOO, execute Liaison (LNO) tasks with the AMC LSE and TOO Senior Command Surgeon's Staff and provide medical logistics staff assistance support to deployed units. Redeploy, and/or prepare for follow-on missions as directed.

b. The USAMMA FWD Specified Tasks:

(1) Execute LNO functions with AMC Logistics Support Element (LSE) for integration and synchronization of AMC managed APS Class II / VII materiel for medical Gaining Tactical Units (GTUs).
(2) Execute LNO functions TOO Senior Command Surgeon's Staff.
(3) Provide in-Theater USAMMA Customer Assistance for all Deployed Units.

c. The USAMMA FWD Implied Tasks:

(1) Resolve medical supply and maintenance issues for individual units related to centralized programs and/or materiel fielding.
(2) Provide assistance to units with integrated logistics support issues.
(3) Identify medical Logistics issues with theater-wide implications and recommend possible solutions.

d. The USAMMA FWD Employment: As a result of Operation Iraqi Freedom (OIF) a need was identified to create a USAMMA in-theater element in addition to the MLST to execute key tasks associated with LNO and medical logistics support issues areas. The addition of the element to the USAMMA deployed forward team would free up the MLST Commander and staff to focus their efforts on rapid hand-off of APS equipment to GTUs. See Figure 7-1, above, for a sample battlefield employment of the USAMMA FWD Element.

e. The USAMMA FWD Composition: This element is comprised of personnel that bring operational, and functional medical logistics subject matter expertise (SME) to the TOO. Additionally, the USAMMA FWD has the capability to reach back to USAMMA in CONUS via the EOC to access medical logistics and bio-medical maintenance system-wide knowledge and bring it to the TOO as required.

f. The USAMMA FWD Organization: The APS Operations Officer would deploy forward to serve as the LNO to the AMC LSE HQ and Medical Brigade/command HQ in a TOO. Based on METT-T additional personnel could be utilized.

g. For additional information on this topic, contact:

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CHAPTER 8. ARMY PREPOSITIONED STOCK (APS) AND UNIT DEPLOYMENT PACKAGE (UDP) AUTOMATED SYSTEMS

8-1. BACKGROUND

As SC VIII APS and UDP Program Manager, the USAMMA maintains all total item property records on in-house systems. To accomplish the day-to-day management of SC VIII APS and UDP materiel, the USAMMA uses units with on-the-ground assets as accountable activities to maintain and manage prepositioned assets. The accountable property records are currently being maintained on the Theater Army Medical Materiel Information System (TAMMIS) Medical Supply (MEDSUP) module, Defense Medical Logistics Standard Support (DMLSS) System Assemblage Management (AM), or the site's Standard Army Materiel Information System (STAMIS) such as Standard Property Book System-Redesign (SPBSR). Component level asset management is maintained on the Defense Medical Logistics Standard Support (DMLSS) System Assemblage Management (AM). The total item property records are currently being maintained on the Theater Enterprise-Wide Logistics System (TEWLS) R3 Inventory Management.

8-2. ARMY WAR RESERVE DEPLOYMENT SYSTEM (AWRDS)

a. The storage sites also report APS Brigade/Unit Sets to the AWRDS. AWRDS feeds data through USAMMA to the ABS, which is maintained by AMC (Field Support Command - FSC).

b. Data for SC VIII materiel stored with the USAMMA Forward Site Manager for the APS-2 Europe Brigade/Unit Sets is updated on the SC VIII AWRDS Feeder Data Report and provided to the USAMMA POC to review and then forwarded to the Combat Equipment Group, Europe (CEGE) for loading into AWRDS. CEGE sends information by FTP to LOGSA.

c. Data for SC VIII materiel stored at APS-3 Afloat (all stocks) component level of detail for each container and end items is provided by the USAMMA Forward Site Manager to the Army Field Support Battalion-Afloat (AFSBn-Afloat), for inclusion in AWRDS during a ship cycle. Data is also updated on the SC VIII AWRDS Feeder Data report and provided to the USAMMA POC to review and then forwarded to the ASFBn-Afloat for loading into AWRDS. AFSBn-Afloat FTPs information to LOGSA.

d. Data for SC VIII materiel stored at APS-4 Korea Brigade/Unit Set and APS-4 Japan Unit Sets end items is updated in the SC VIII AWRDS Feeder Data Report by the USAMMA Forward Site Manager and provided to the USAMMA POC for review and then forwarded to ASFBn-Korea & the 35th Supply & Services Battalion for loading into AWRDS. AFSBn-Korea FTPs Korea and Japan information to LOGSA.

e. Data for SC VIII materiel stored at APS-5 Qatar Brigade/Unit Sets end items will be reported by the USAMMA Forward Site Manager and provided to the USAMMA POC for review and then forwarded to AFSBn-Qatar, for loading in AWRDS. AFSBn-QA FTPs information to LOGSA.

f. Data for SC Class VIII Sustainment Line Items, Sustainment SKOs and Operational Projects is currently provided by the USAMMA sending an FTP to Stanley

to load to AWRDS. USAMMA is currently working to also automate the feed for Brigade/Unit Sets.

8-3. APS STORAGE SITES

As of June 2006, APS and UDP storage sites are using the following information management systems:

a. APS-1:
Health and Human Services – DMLSS-AM
KellyUSA - DMLSS-AM (not AM stand alone version)
Anniston Army Depot – Standard Depot System (SDS)

b. APS-2: USAMMA / USAMMCE for APS-2 – TAMMIS MEDSUP, spreadsheet database and DMLSS Med Maint.

c. APS-3: AFSBn-Afloat, Charleston, SC
DMLSS-AM, Unit Level Logistics Systems-Ground (ULLS-G) and Fleet Management System (FLMS).

d. APS-4:
16th MEDLOG BN – DMLSS-AM and ULLS-G
Sagami General Depot – DMLSS-AM and ULLS-G
Camp Kinser, Okinawa – DMLSS-AM

e. APS-5:
ASFBn-QA - DMLSS-AM and ULLS-G

8-4. ASSET VISIBILITY

a. IAW *AR 710-1*, the USAMMA is required to report APS asset visibility for the Joint Medical Asset Repository (JMAR) and Joint Total Asset Visibility (JTAV). The APS assets are currently reported to Total Asset Visibility (TAV) by Force Projection Directorate through FTP to the Logistics Support Activity (LOGSA) by record type with a Document Identifier Code (DIC) of 'BF7'. This reporting is only at the end item level of detail and NOT the component level of detail for the sets, kits and outfits (SKOs).

b. The BF7 FTP data was replaced with data from the Army War Reserve Deployment System (AWRDS) for Brigade/Unit Sets. The Information Management Information Technology Division, USAMMA, reports APS line item and component level of detail for SKOs to JMAR. The JMAR uses an automatic data pull for APS SKO component level of detail from DMLSS AM-Stand Alone at the forward APS sites.

c. Information is also extracted from a TEWLS Assembly Management for some of the APS hospitals component level of detail.

8-5. DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT (DMLSS) SYSTEM

Currently, DMLSS AM-Stand Alone is the only module of DMLSS fielded to APS and UDP sites. This module is utilized to manage SKOs or UAs to the component-level of detail. The critical data elements used in the management of APS and UDP are UAs, NSNs, allowances, on-hand quantities, and quality assurance data such as manufacture/expiration date, lot number, etc. This module has been fielded at the majority of the APS and UDP sites to replace TAMMIS MEDASM. This will be replaced by TEWLS Customer Build of Materiel (BOM) in FY07.

8-6. ULLS-G

ULLS-G – this is utilized to track the maintenance history on equipment items such as non-medical and medical ASIOE, TMDE until the site is fielded FLMS.

8-7. FLEET MANAGEMENT SYSTEM (FLMS)

FLMS – this is utilized to track the maintenance history on equipment items such as non-medical and medical ASIOE, TMDE and will replace ULLS-G for the management of APS.

8-8. ADDITIONAL INFORMATION

For additional information on this subject, contact:

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1423 SULTAN DR., SUITE 100
FORT DETRICK MD 21702-5001

Telephone: DSN 343-4428 / 4427 or Commercial 301-619-4428 / 4427
Website: **www.usamma.army.mil**

CHAPTER 9. DOD/FDA SHELF LIFE EXTENSION PROGRAM (SLEP)

9-1. BACKGROUND

a. The FDA/DoD Shelf Life Extension Program is a key component of the Medical Readiness Strategic Plan (MRSP) as developed by the Office of the Secretary of Defense for Health Affairs and the Military Medical Departments in response to Congressional concern over the conservation of military medical resources. The program's focus is to defer drug replacement costs for **date sensitive pre-positioned stocks** by extending their useful life. The following organizations participate in the program:

The FDA
The Defense Medical Standardization Board (DMSB)
Army
Navy
Air Force
Marine Corps
Defense Supply Center-Philadelphia (DSCP)
The Department of Homeland Security's Strategic National Stockpile (SNS) and
The Veterans Administration Emergency Preparedness Program

b. The FDA evaluates candidate materiel for shelf life extension by testing samples submitted from the SLEP Participants. The DMSB coordinates the program and acts as the single interface between the SLEP Participant and the FDA. The SLEP Participant funds the program, manage their portions of the program, and receive the benefit of deferred materiel replacement costs. The Shelf Life Extension Program (SLEP) assures only safe and effective drugs are provided to personnel during war or other contingencies.

9-2. TESTING CRITERIA

a. The FDA is the independent evaluator and proponent for quality control of medical materiel, performing all required testing of items entered into the DoD/FDA SLEP. The FDA uses the U.S. Pharmacopoeia or the original manufacturer's test data on each item to establish a protocol for testing. Accelerated testing (also called stress testing) is the method used most often to predict the extension period. The accelerated testing protocols are designed to increase the rate of chemical or physical degradation of the drug substance by using exaggerated storage conditions. Each item is "stressed" (placed in chamber which maintains a temperature of 50 degrees centigrade and 75% humidity) for 60 days. The potency of the stressed samples is compared with the standard for each item, and using the comparison, the FDA estimates the extendable life of the product. The FDA testing process, from the time the DMSB presents the project's candidate list until the results are received by the DMSB, requires approximately six months.

b. The FDA will not test all items presented to them as program candidates. The FDA's Center for Biologics Research (CBER) has never permitted the testing of any biological products (vaccines, toxoids, serums, blood products, etc.) in the SLEP. In addition, nutritional products and products with a history of poor performance in the SLEP testing process, i.e., water purification tablets and Mefloquine, are not accepted for testing nor are items where the testing is time and/or cost prohibitive. Some products are tested periodically before they reach the manufacturer's expiration date. Currently there is only one product that this applies to and that is the Pyridostigmine Bromide

tablets that were manufactured after Feb 2003. They will begin to be tested periodically after 5 years from the manufacturer's date.

c. The testing conducted by the FDA is comprehensive and scientifically sound. The FDA bases their expiration date extensions on conservative estimates of the useful life of the product as substantiated by the test results. Statistical methods are employed to predict when each product would be expected to breach the acceptable potency specification, and a date less than that expected breach is chosen. The FDA grants the extensions for all SLEP Participates having the materiel as specified by lot number, expiration date, and manufacturer that has been stored under appropriate conditions. Testing of SLEP products is an ongoing process. Annual or biannual the materiel is retested to confirm extended dating (or even permit further extensions). This is a mandatory requirement for all materiel remaining in the SLEP. Products that fail testing at any time will be destroyed. Products that are not tested or do not receive additional extensions are destroyed upon reaching their final expiration date.

9-3. THE SLEP PROCESS

a. All pre-positioned stocks should be rotated when possible; however, quantities often exceed peacetime requirements. In June 2005, the FDA/DoD Shelf Life Extension Program moved from an Access database that could only be accessed on Fort Detrick to a Web-Based Oracle database that is accessed by all users of the SLEP system through the internet. The system requires all Users **to enter their on-hand inventory of MCDM medical materiel** and anti-malaria medicals **as soon as they receive those items**. Lots are loaded into the system under different categories. The categories are in table 9-1. They are then required to update their inventory once a quarter. OTSG and USAMMA use this data for budgeting, reporting, and management of CBRN and anti-malaria materiel.

b. On a quarterly basis, the DMSB SLEP Program Manager pulls the on-hand inventories of all materiel that is going to expire in the next 180 days. This list is scrubbed against the total on-hand quantities and the original expiration date of the item. No item will be extended beyond 10 years from its original manufacturer's expiration date. Some items have a limited maximum number of years that the FDA will consider them for extension, e.g., silver sulfadiazine cream that turns brown after 5 years of testing. The FDA requires that there is at least $10,000.00 of a lot still on hand to test; otherwise, it is not cost effective to test. Great importance is placed on SLEP Users to ensure all stock is identified in the SLEP website to ensure testing decisions are based on the most accurate data. There are exceptions to the dollar amount, if an item is in short supply and required for possible/actual event/operation.

c. Once a lot has been identified as a possible test candidate, it is marked in the system with a Lot Status: Add to Test. At this time, the FDA gets the list of all possible test candidates for the next 180 days and request samples. Samples are requested through the automated system to the Army SLEP POC. The Army SLEP POC will notify one of their Activities that they are to provide x amount of materiel, by lot and NSN, to the FDA and where to ship it to. How to package and ship samples is in SLEP message 2005-57, which is on the SLEP Web site. Sometime the FDA will only request a copy of the label on the product. This is usually when the manufacturer produced several lots from one batch. This is usually a one-time request in the testing history of the lot. The FDA usually requests enough materiel for the first test, plus two more test, since most

item are usually tested three times before they fail or their on-hand quantity falls below the testing threshold. The FDA requires sample receipt within 30 days of the request. If an item's samples are not received in 30 days, the item is dropped from the project and testing on the samples that were received begins. Timely submission of samples is critical to successful completion of a project.

Table 9-1. Shelf Life Extension Program Categories for Army Materiel

NAME OF PROGRAM	PROJECT CODE FOR DMLSS	SLEP CATEGORY	OWNED BY	RELEASED BY
Medical Chemical Biological Radiological and Nuclear Defense Materiel (MCDM)	DH1	CBRN	OTSG NBC Readiness	OTSG Health Care Operations
Potency & Dated (P&D) MCDM components of the MES LIN M23673	DH5	CBRN	OTSG NBC Readiness	OTSG Health Care Operations
Army Emergency First Responder Program (AEFRP) CBRN Pharmaceutical Countermeasures (CPCs)	DH3	Installation	USAMEDCOM	Installation Commander
Joint Installation Protection Program (IPP) CBRN Pharmaceutical Countermeasures (CPCs)	DH3	Installation	PM Guardian	Installation Commander
DOD Nuclear Pharmaceutical Countermeasures		Contingency	DOD Health Affairs	
Consequence Management Set (CQM)	DH2	Contingency	OTSG Logistics	OTSG Health Care Operations
MCDM in SMART Teams	DH2	Contingency	USAMEDCOM	OTSG Health Care Operations
Army Prepositioned Stocks (APS)	Multiple	War Reserve	Army G-4	OTSG Health Care Operations
Unit Deployment Packages (UDP)	Multiple	Retail	OTSG Logistics	OTSG Health Care Operations

d. When the FDA has received all the samples for new testing, or it has been 30 days since the request for samples was sent, the FDA assigns a project number, sends the list of products by lot numbers that will be tested, and a list of lot numbers that will not be tested to DMSB. DMSB enterers this information in to the System and then sends an email message out to all user of the SLEP system. The list of the lots being tested in a project can also be checked by going to the Reports and Queries section of the Web Site and selecting FDA Projects.

e. Upon completion of testing, the FDA forwards the results to the DMSB who inputs them the SLEP System, and then sends an email message out to all user of the SLEP system. Any SLEP participating activity having those items by lot number may extend that materiel to the new expiration date, but only if that materiel has been properly stored in accordance with the manufacturer's specifications. Once a product has been tested, it will be re-tested biannually or annually until the product fails testing or stocks are depleted.

f. The direction of the program has changed since its inception. The switch from a large, DoD depot supply system to one supported predominantly by prime vendor suppliers and just-in-time deliveries for day-to-day requirements has refocused the program on pre-positioned CBRN and anti-malaria materiel. The prime vendor system has reduced the need for centrally controlled warehousing of drugs and therefore reduced the pool of products that are eligible for testing. Additionally, all Medical Treatment Facilities in DOD have the ability to return goods for credit or replacement of expiring stocks of medication in individual facility inventories. Return goods assure replacement of expired products with little or no cost to the facility.

g. The DOD enjoys a high rate of success with the SLEP because only products known to have a high probability of being extended are included in test projects. Due to the DOD's history and knowledge gained with the program, items with low probability of being extended are not included unless there is a compelling reason for the testing.

9-4. LABELING REQUIREMENTS AND GUIDANCE

a. The FDA requires that products be labeled and relabeled in accordance with the Food, Drug, and Cosmetic Act of 1938 (or subsequent amendments) or the Food and Drug Modernization Act of 1997. Products not relabeled in accordance with these laws or FDA regulations are considered misbranded if they are sold, distributed, or dispensed and are in violation of these Acts.

b. The FDA Center for Drugs (CDER) compliance office recommends for the DoD, that the extended product be relabeled with the lot number, new expiration date and FDA project number. The new sticker does not have to be the same font and color as the old label. However, the new sticker must not obscure the writing on the original label and the new sticker must be legible. In addition, the sticker must adhere to the old label in such a way that if it was peeled off, what was underneath it would also peel off. It is not necessary nor is it advised to remove the original label on a product and put a new label. The FDA does not want the original product label removed. Putting on a new label on the product will require approval by the FDA compliance office. The intent of this is to instill confidence in the ultimate user, that the products they are given or administered are of high quality and safety, and will work effectively as expected.

c. The FDA has authorized a deferral of the requirement to have every individual unit of issue relabeled, but only while the materiel is maintained under centralized SLEP participants control. This was requested in order to reduce the cost for multiple relabeling efforts, as SLEP products may be extended multiple times prior to being issued to individual service members. The FDA will permit SLEP Participants to label only the outer cartons of products with the updated information so long as they remain in centralized storage, control, and management. This materiel **must be relabeled completely**, down to the individual units of issue, **before being distributed/issued to activities or individuals.**

d. Beginning in June 2006, When the FDA sends the results of a Shelf Life Extension Project to the Defense Medical Standardization Board (DMSB) an order for labels will be generated. Activities will only receive labels if:

- They have updated their inventory in SLEP in the last 6 months

- They have updated their address in the SLEP system to a FED EX address.

- A FED EX address must include a Street and building number, City, State, and zip code.

e. Activities will receive an email when the order has been placed for their labels. Activities will comply with the SLEP message instructions.

9-5. WEBSITE INFORMATION

On-line access is now available to the DOD/FDA Shelf Life Extension Program. Registration is required for access to the site. The site is: http://iasmid.dmsb.army.mil. The site features the SLEP messages, interactive query, and quantity reporting capability regarding SLEP materiel. SLEP message before June 2005 are at the USAMMA's home page at http://www.usamma.army.mil/, and then select DOD/FDA SLEP from the sidebar.

9-6. ADDITIONAL INFORMATION

For additional information on this subject, contact:

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ATTN: MCMR-MMO-PM
1423 SULTAN DR., SUITE 100
FORT DETRICK MD 21702-5001
Telephone: DSN 343-4306 or commercial 301-619-4306
Website: www.usamma.army.mil

DEFENSE MEDICAL STANDARDIZATION BOARD
ATTN: SLEP CODE 11
1423 SULTAN DR.
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Telephone: DSN 343-4126 or commercial 301-619-4126
Website: http://iasmid.dmsb.army.mil
EMAIL: dmsbdod-fdaslep@amedd.army.mil

CHAPTER 10. INTERNATIONAL LOGISTICS OFFICE (ILO) AND FOREIGN MILITARY SALES (FMS)

10-1. ILO AND FMS PROGRAM BACKGROUND

a. The U.S. Army Medical Materiel Agency serves as The Army Surgeon General's executive agent for all strategic medical logistics programs and initiatives including the Security Assistance Program (SAP) mission for the MEDCOM. The International Logistics Office (ILO) serves as the command case manager for Foreign Military Sales (FMS) and is the sole Army contact for the sale of complex, service unique medical materiel.

b. The mission of the International Logistics Office is to administer the Foreign Military Sales (FMS) portion of the Security Assistance Program for Class VIII medical materiel and/or supplies, defense articles, services, training, disaster relief efforts and humanitarian assistance. Foreign Military Sales is a non-appropriated component of the Security Assistance Program, authorized by the Arms Export Control Act.

c. Security Assistance is a group of 6 programs authorized by the Foreign Assistance Act of 1961, and the Army Export Control Act of 1976 as well as other related statues by the United States provides defense articles, military training, and other defense related services, by grant, loan, credit or cash sales in furtherance of national policies and objectives.

d. The USAMMA ILO staff interfaces with foreign governments, security assistance organizations and other U.S. Government agencies to define the requirements, offer technical and logistical expertise, provide clinical engineers to survey facilities and existing equipment, designing and making recommendations based upon the type and number of facilities, patient capability, and location.

e. The ILO develops, coordinates, and monitors formal Letters of Offer and Acceptance (LOA), which are contractually binding agreements between the United States Government (USG) and a foreign government. Additionally, the ILO provides:

- Price and Availability (P&A): Develops P&A data, which is provided to a foreign government for planning purposes only, and reflects estimated costs and projected availability of defense articles and services.

- Research and Product Integration: As part of the total package approach, advises FMS customers on product design, capabilities and compatibility with other USG equipment, installation, maintenance and repair parts.

- Case Management Reviews: Performs case management reviews to ensure compliance with contract terms, financial commitments, long lead times and customer satisfaction. Represents the Command by participating in Program Management Reviews (PMRs), Financial Management Reviews (FMR) and Security Assistance Reviews (SARs).

♦ Related Activities: Provides policy and procedural guidance and coordinates the actions related to requests for disaster relief and/or humanitarian assistance.

10-2. ADDITIONAL INFORMATION

Activities requiring additional information on Foreign Military Sales are strongly encouraged to contact the Force Projection Directorate, FMS Offfice:

USAMMA
ATTN: MCMR-MMO-PL ILO
1423 SULTAN DR.
FORT DETRICK MD 21702-5001
Telephones: DSN 343-2058/4419/4428 or
Commercial 301-619-2058/4419/4428

APPENDIX A. SUPPLY CLASS VIII SUSTAINMENT REQUIREMENTS PROCESS

A-1. This Appendix provides the algorithm used to develop SC VIII Sustainment Stock requirements.

A-2. Process:

a. The USAMMA uses two models to develop SC VIII sustainment requirements for war reserve and Logistics Plans (LOGPLAN).

(1) The first is a classified personal computer-based system known as Resupply by Unit Type (ReBUT). It is a front-end system that computes the quantity of SKOs needed to support the warfight over a given period of time.

(2) The second unclassified model is called Medical Requirements and Capabilities Assessment Program (MRCAP). MRCAP takes the output from ReBUT and develops the NSN level requirements from the number of sets and the components of the set.

b. The basic requirements formula is:

(# sets required) X (SKO Turnover) X (intensity Rate) X (Component Allowance) X (Consumption Percent) = Requirement

c. The ReBUT Model

(1) Assumptions:

- The Required Delivery Date (RDD) is the valid day consumption begins.
- The MTOE is accurate.
- The unit deploys with its basic load of medical supplies.
- The SKOs authorized to a unit represents the types of supplies the unit will need to perform its military mission.
- Each SKO is designed to last a particular number of days. Usually this number is found in the supply catalog for that SKO.
- Intensity rate is the way to influence requirements based upon a ratio of actual vs. set design.

(2) Model input: A time-phased force list containing at least the UIC and RDD.

(3) Model process:

The ReBUT model performs 3 functions.

(a) The ReBUT builds part of the requirement record by taking the time-phased force list (UIC, personnel strength, and RDD), and matches the UIC on the force list to the UIC in the authorization file. (The authorization file is an extract of the Logistics Integrated Database [LIDB].) ReBUT then builds a separate record for each line item number (LIN) authorized to that UIC. The LIN, required quantity, authorized quantity and on hand quantity are written to each record.

(b) The ReBUT computes a resupply start date (RSD) for each set as the RDD plus the number of days of supply contained in the SKO.

(c) The ReBUT computes the number of times each set turns over for a given period. For war reserves, FPD computes in 30-day periods. For LOGPLANs, FPD computes in 10-day periods.

Example:

Unit has an RDD of 10 and the computation is for an Aidsman Bag (LIN U65480) that has five (5) days of supply.

RDD + DOS in set = Resupply Start Date (RSD)
10+5=15

This example computes for the first 30-day period.

$\frac{\text{Last Day in period - RSD}}{\text{Days in set}}$	=	Number of SKO turns
$\frac{30 - 15}{5} = \frac{15}{5} =$		3

The final step is to multiply the number of SKO turns times the intensity rate for that period. Each 30-day period can have a different rate. For example, if the intensity rate is 71%, the final calculation would be:

(# of SKO turns)	X	(Intensity Rate)	=	Adjusted SKOs
3	X	.71	=	2.13

This means that we need to replace the consumable items within the set 2.13 times in this 30-day period. Remember, we only require 15 days of supply since the unit arrives on day 10 and has 5 days of basic load with it.

If more than one of the set is authorized, i.e., if the MTOE calls for 10 of these sets, then each of the 10 sets would turn over 2.13 times for a total of 21.3 sets worth of consumable items.

Authorized Qty	X	Adjusted SKO Turnover	=	# Sets
10	X	2.13	=	21.3

(d) Model output: The adjusted quantity of each SKO by period is the number of times the components in the set will have to be replaced or turned over.

d. The MRCAP model

(1) Assumptions: Consumption percentage reflects the "consumability" of components within a SKO. For example, a "one-time use" item such as a pressure bandage would be assigned a consumption percentage of 100%. A durable item such as a scalpel, however, would be used multiple times and therefore would be assigned a consumption percentage of less than 100%.

(2) Model input: Adjusted SKO turnover quantity by period from REBUT.

(3) Model Process: The quantity of each NSN required is a result of multiplying the adjusted SKO turnover times the allowance of each component times the consumption percent for that NSN.

Set Turnover	Component NSN	Nomen	Component Allowance	X	Consumption Percent	=	NSN Rqmt
2.13	6505 01 153 3015	Tetracane	1	X	100	=	2
	6505 01 177 1982	Clindamycine	40	X	100	=	85
	6505 00 344 7800	Handle Surg	1	X	10	=	0
							(2 rounds down)

(4) Model output: The quantity of each NSN required.

A-3. In addition, the USAMMA computes war reserve requirements for individual NSNs that are not part of SKOs. It is done outside of these models. These separate requirements are based upon items that the COCOM or OTSG nominates and the formula provided by the requesting activity. Generally these items are computed based on population-at-risk times the treatment protocol for that item.

2006 GLOSSARY FOR SB 8-75-S7

Acronym	Definition
AAC	Aerial Ambulance Company; Acquisition Advice Code
ABS	Automated Battlebook System
AC	Active Component
AFSBn	Army Field Support Battalion
FSC	Field Support Command
AM	Assemblage Management
AMC	Army Materiel Command
AMEDD	Army Medical Department
APA	Army Prepositioned Afloat
APS	Army Prepositioned Stocks
ARCENT	Army Central Command
ARF	Army Regional Flotilla
ASF	Army Strategic Flotilla
ASIOE	Associated Support Items of Equipment
ASMB	Area Support Medical Battalion
ASMC	Area Support Medical Company
ASMP	Army Strategic Mobility Program
ATAV	Army Total Asset Visibility
ATNAA	Antidote Treatment - Nerve Agent Antidote
AWR	Army War Reserves
AWRDS	Army War Reserves Deployment System
AWRS	Army War Reserves Sustainment
BN	Battalion
C2	Command and Control
CAIRA	Chemical Accident/Incident Response Assistance
CANA	Convulsant Antidote Nerve Agent
CBRNE	Chemical, Biological, Radiological, Nuclear or High Explosive
CEB-KU	Combat Equipment Base - Kuwait
CEB-Q	Combat Equipment Base - Qatar
CEC	Corporate Exigency Contract
CEG-A	Combat Equipment Group-Afloat
CEG-E	Combat Equipment Group-Europe
CFM	Contractor Furnished Materiel
CIM	Contractor Inventory Materiel
CINC	Commander-In-Chief
COCOM	Combatant Command
COES	Clinical Operation Equipment Set
CONUS	Continental United States
COSIS	Care of Supplies in Storage
CSA	Chief of Staff of the Army
CSH	Combat Support Hospital
DA	Department of the Army
DCSLOG	Deputy Chief of Staff for Logistics
DCSOPS	Deputy Chief of Staff for Operations
DDHU	Defense Depot Hill Utah

Acronym	Definition
DEPMEDS	Deployable Medical Systems
DFP	Deployable Force Package
DIC	Document Identifier Code
DMLSS	Defense Medical Logistics Standard Support System
DMSB	Defense Medical Standardization Board
DOD	Department of Defense
DOS	Days of Supply
DSCP	Defense Supply Center Philadelphia
EAB	Echelon Above Brigade
EAC	Echelon Above Corps
EAD	Echelon Above Division
ECAT/LIDS	Electronic Cataloging/Laboratory Integrated Delivery System
EEHE	Early Entry Hospital Element
EOC	Emergency Operations Center
FDA	Food and Drug Administration
FLMS	Fleet Management System
FMR	Financial Management Review
FMS	Foreign Military Sales
FORSCOM	Forces Command
FP1 and 2	Force Packages 1 and 2
FPD	Force Projection Directorate
FSC	Federal Supply Class
FST	Forward Surgical Team
FTP	File Transfer Protocol
FY	Fiscal Year
GAC	Ground Ambulance Company
GPM	Government Purchased Materiel
HQDA	Headquarters, Department of the Army
IAW	In Accordance With
IBMC	Industrial Base Maintenance Contract
ILO	International Logistics Office
IND	Investigational New Drug
IRF	Immediate Ready Force
ISM	Individual Service Member
ISP	Installation Support Packages
ISSA	Interservice Support Agreement
JCS	Joint Chiefs of Staff
JMAR	Joint Medical Asset Repository
JSLIST	Joint Service Lightweight Suite Technology
JTAV	Joint Total Asset Visibility
LIDB	Logistics Integrated Database
LIN	Line Item Number
LOGPLAN	Logistics Plans
LOGSA	Logistics Support Activity

(Continued) 2006 GLOSSARY FOR SB 8-75-S7

Acronym	Definition
LSE	Logistics Support Element
LSE MLST	LSE Medical Logistics Support Team
MACOM	Major Army Command
MCBRNDM	Medical, Chemical, , Biological, Nuclear and Chemical Defense Materiel
MEDMAINT	Medical Maintenance Module (TAMMIS)
MEDASM	Medical Assemblage
MEDSUP	Medical Supply Module (TAMMIS)
MEET	Minimum Essential Equipment for Training
MES	Medical Equipment Sets
METT-T	Mission, Enemy, Troops, Terrain, and Time
MF2K	Medical Force 2000
MILSTRIP	Military Standard Requisitioning and Issue Procedures
MLST	Medical Logistics Support Team
MMS	Medical Materiel Sets
MNBCDM	Medical Nuclear Biological Chemical Defense Materiel
MOA	Memorandum of Agreement
MRCAP	Medical Requirements Capability Assessment Program
MRI	Medical Re-Engineering Imitative
MRS	Mobility Requirements Study
MRSL	Medical Recommended Stockage List
MTO&E	Modified Table of Organization and Equipment
OCONUS	Outside Continental United States
OP	Operational Projects
OTSG	Office of The Surgeon General
OTSG-CS	Office of The Surgeon General-Contingency Stocks
P&D	Potency and Dated Materiel
PAR	Population at Risk
PBT	Pyridogstigmine Bromide Tablets
PIC	Photo Imaging Contract
PMR	Program Management Review
PREPO	Prepositioned
PV	Prime Vendor
RC	Reserve Component
RCHD	Reserve Component Hospital Decrement
REBUT	Resupply By Unit Type
RF	Radio Frequency
RSD	Resupply Start Date
RSO&I	Reception, Staging, Onward Movement, and Integration
SAR	Security Assistance Review
SB	Supply Bulletin
SC	Supply Catalog, Supply Class
SDS	Standard Depot System

Acronym	Definition
SERPACWA	Skin Exposure Reduction Paste Against Chemical Warfare Agents
SLC	Shelf Life Code
SLEP	Shelf Life Extension Program
SNAPP	Soman Nerve Agent Pretreatment Pyridostigmine
SOW	Statement of Work
SPBSR	Standard Property Book System-Revised
SSA	Supply Support Activity
STAMIS	Standard Army Materiel Information System
TAMMIS	Theater Army Medical Materiel Information System
TAT	To Accompany Troops
TAV	Total Asset Visibility
TCS	Temporary Change of Station
TMDE	Test, Measurement, and Diagnostic Equipment
TO&E	Table of Organization and Equipment
TPFDD	Time-Phased Force Deployment Data
TSG	The Surgeon General
UA	Unit Assemblage
UAL	Unit Assemblage Listing
UBL	Unit Basic Load
UDP	Unit Deployment Package
UIC	Unit Identification Code
ULLS-G	Unit Level Logistics Systems-Ground
ULN	Unit Line Number
USAMEDCOM	U.S. Army Medical Command
USAMMA	U.S. Army Medical Materiel Agency
USAMMCE	U.S. Army Medical Materiel Center-Europe
USR	Unit Status Report
VMI	Vendor Managed Inventory
WR	War Reserves
WRAMC	Walter Reed Army Medical Center
WWIAS	World Wide Individual Augmentation System

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Distribution:

To be distributed in accordance with initial distribution number (IDN) 340016, requirements for the SB 8-75 Series.